



If you have
a child under
5 years old,
pick me up!



Your invitation to join your local...

Children's Centre
Staffordshire

▲ Main Contact This is where your child/children lives most often

Title: Miss Mrs Ms Mr Other

First name: Surname

Date of birth: / / Gender: Female Male



Telephone number: Mobile number: Email:

Address
Postcode

What is your ethnicity?* (eg '1' for White British, from the table below right.)

Do you consider yourself to be a single parent? No Yes,

Are you expecting a baby? No Yes, when are you due? / /

Are you: Employed Full Time Employed Part Time Full Time parent or carer
 In training or education Unemployed (less than 6 months) Unemployed (more than 6 months)

Do you have any special needs, disability or special requirements?

(if you have answered yes to disability please enter the letter from the table provided).

■ Second Contact This could be dad, mum, grandparent etc

Title: Miss Mrs Ms Mr Other

First name: Surname

Date of birth: / / : Female Male



What is your relationship to the main contact? eg Partner/Husband/Wife

Telephone number: Mobile number: Email:

Address
Postcode

What is your ethnicity?* (eg '1' for White British, from the table right.)

Do you consider yourself to be a single parent? No Yes,

Are you expecting a baby? No Yes, when are you due? / /

Are you: Employed Full Time Employed Part Time Full Time parent or carer
 In training or education Unemployed (less than 6 months) Unemployed (more than 6 months)

Do you have any special needs, disability or special requirements?

(if you have answered yes to disability please enter the letter from the table provided).

About your children

	Child 1	Child 2	Child 3	Child 4
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender (please tick)	Male <input type="radio"/> Female <input type="radio"/>	Male <input type="radio"/> Female <input type="radio"/>	Male <input type="radio"/> Female <input type="radio"/>	Male <input type="radio"/> Female <input type="radio"/>
Main contacts relationship to the child eg mum	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Second contacts relationship the child	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Does your child any special needs or a disability*? (eg 'a' for Autism Spectrum Disorder from the table below), please name any not listed and add any special requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ethnicity (please enter number from table below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Ethnicity/Disability** – you don't need to tell us if you don't want. Write the relevant number for ethnicity (eg 1 for White British), or letter (eg a for Autism Spectrum Disorder) from the table below in the appropriate spaces.

White	Mixed	Asian/Asian British	Black/Black British	Other
1. White British	6. White & Black Caribbean	10. Asian - Indian	14. Black - Caribbean	17. Chinese
2. White Irish	7. White & Black African	11. Asian - Pakistani	15. African	18. Other ethnic background
3. Traveller of Irish heritage	8. White & Asian	12. Asian - Bangladeshi	16. Other Black background	19. Prefer not to say
4. White Gypsy/Roma	9. Other mixed background	13. Other Asian background		
5. Other white background				
a. Autism Spectrum Disorder	e. Hearing Impairment	i. Severe Learning Disability		
b. Behavioural Emotional and Social Difficulties (BESD)	f. Multi Sensory Impairment	j. Profound and Multiple Learning Disability		
c. Physical Disability	g. Specific Learning Disability	k. Other		
d. Visual Impairment	h. Moderate Learning Difficulty			

Just ask, if you need help filling in this form

How did you find out about the Children's Centre?

Newspaper internet friend leaflet/poster

Another way?

Confirmation from you

We'd like to ask you to sign this form so that you can say that you are happy with your options in 'Keeping in touch' and that you understand how we will use the information you have provided.

Main Contact

signature:

date:

Second Contact

signature:

date:



How we use the information on this form

The information provided on this form will be processed by Staffordshire County Council in accordance with the Data Protection Act 1998. The data you provide will be used by Children's Centres in Staffordshire to provide and administer activities, to offer support to families where it is required and for evaluation purposes. We may provide access to the data we hold about you to other professionals working on behalf of Staffordshire County Council to provide a Children's Centre service to you. It may also be shared with other agencies in Government or providing services to children where there is a legal basis to do so. For further information please visit www.staffordshire.gov.uk/education/yourdata.

If you don't understand the statement above, or you would like more information, please ask us or email: onebusiness.support@staffordshire.gov.uk If you need any further information then please do not hesitate in contacting us.



Children's Centres



If you would like this document in another language or format, e.g. large text, please contact us on 0300 111 8007